

FACT SHEET
Implementation of
Public Law Chapter 488
**“An Act to Prevent Opiate Abuse by Strengthening the Controlled
Substances Prescription Monitoring Program.”**

Background:

This bill makes four major changes to opioid prescribing:

1. It mandates use of the State’s Prescription Monitoring Program and expands those who use it;
2. Enacts strict limits on opioid prescribing for acute and chronic pain;
3. Mandates education for opioid prescribers;
4. Mandates electronic prescribing of opioids.

Penalties

Individuals who violate this law may be subject to civil penalties of \$250 per violation, not to exceed \$5,000 per calendar year. Financial penalties for exceeding prescribing limits cannot be imposed until the PMP calculation functionality is added (1/1/17).

Prescription Monitoring Program (PMP)

Effective 1/1/17, requires prescribers to check the PMP upon initial prescription of a benzodiazepine or an opioid, and every 90 days thereafter for as long as the prescription is renewed.

(Of note, while this provision of the bill becomes effective 1/1/17, other provisions of the bill require prescribers to assess total amount of opioids prescribed (i.e. require knowledge of total Morphine Milligram Equivalents (MMEs)) and, therefore, functionally require prescribers to check the PMP from the current time forward.)

This provision does not apply when a benzodiazepine or an opioid is ordered or administered in an emergency room, an inpatient hospital, a long term care facility or a residential care facility

Effective 1/1/17, requires dispensers (pharmacists) to check the PMP prior to dispensing a benzodiazepine or opioid under the following circumstances:

- A. The person is not a resident of the State;
 - B. The prescription is from a prescriber with an address outside of this State;
 - C. The person is paying cash when the person has a prescription insurance on file;
 - D. According to the pharmacy record, the person has not had a prescription for a benzodiazepine or an opioid medication in the previous 12 months.
- Requires that dispensers notify the program and withhold a prescription until the dispenser is able to contact the prescriber if the dispenser has reason to believe that the prescription is fraudulent or duplicative
 - Adds veterinarians to definition of prescriber
 - Allows staff authorized by the Chief Medical Officer of a hospital to access the PMP for patients of the hospital or emergency department
 - Allows on-duty pharmacists to authorize staff to access the PMP for customers filling prescriptions

- Requires the Department of Health and Human Services to include enhancements to the PMP, including a calculator to convert dosages to and from morphine milligram equivalents (MMEs) and increased access for staff members of prescribers to access the program with authorization, in a request for proposals process

Limits on Prescribing

7/29/16 – Limits new opioid prescriptions, or an aggregate of multiple opioid prescriptions, to no more than 100 morphine milligram equivalents (MMEs) per day.

7/29/16 until 7/1/17 – For patients with active prescriptions that exceed 100 MMEs per day, opioid prescriptions must be limited to 300 MMEs per day, in aggregate.

7/1/17 – New and existing prescriptions for opioid medications are limited to 100 MMEs per patient.

Exceptions:

- Medical necessity that is documented in the patient’s record. This expires the later of 1/1/17 or the effective date of DHHS rulemaking
- Pain for active and aftercare cancer treatment
- Palliative care in conjunction with a serious illness or injury
- End of life and hospice care
- Medication-assisted treatment for Substance Abuse Disorder
- Opioid directly ordered or administered in an emergency room, an inpatient hospital setting or a long-term care or residential treatment facility; or
- Other circumstances to be defined in rule by 1/1/2017

Effective 1/1/17 – Opioid prescriptions for acute pain limited to 7 day supply within a 7 day period (renewable) Opioid prescriptions for chronic pain limited to a 30 day supply within a 30 day period (renewable).

Education

12/31/17 – As a condition of prescribing opioid medications, all prescribers must complete 3 hours of Continuing Medical Education (CME) on the prescription of opioid medication every 2 years.

Electronic Prescribing

7/1/17 – all prescribers “with the capability” must prescribe opioids electronically. A waiver from DHHS must be requested if compliance cannot be met; for employed providers the waiver request can be made by the employer vs each individual provider.

Source: This document was originally created by Katie Fullam Harris, Senior Vice President, MaineHealth and was made available with permission for use statewide.

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